



Date: 6/8/2023
Customer: Dorchester Apartments
Address: 300 South Straughan Avenue Boise, ID 83712
Job Number: 230237

In regard to Line XV of the Emergency Notification, this is a known occurrence and upon conversation with John Pavitt, he has granted the approval to proceed on an emergency basis.

Respectfully,
Brandon Snow

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 2

| Operator Project # | Postmark | Date Received | Notification # | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------|---|----------------|-------------|--------------------|---|--------|---|--|------------|-------------|------------|-------------|---------------------|---|--|--|--|--|----------------------------|---------------|--|--|--|--|----------------------------------|---|--|--|--|--|
| I. Type of Notification (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| II. Facility Description Building Name: <u>Dorchester Apartments</u> Address: <u>330 S Straughan Ave</u> City: <u>Boise</u> State: <u>ID</u> Zip Code: <u>83712</u> County: <u>Ada</u> Site Location: <u>Demolition and renovation activity throughout facility</u> Building Size (square feet): <u>~61,000</u> # of Floors: <u>2</u> Age in Years: <u>~55</u> Present Use: <u>Rental Apartment Building</u> Prior Use: <u>Rental Apartment Building</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| III. Type of Operation (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| V. Facility Information Owner Name: <u>Cambridge Dorchester Apartments, LLC</u> Address: <u>5677 West Beach Front Lane</u> City: <u>Boise</u> State: <u>Idaho</u> Zip Code: <u>83703</u> Contact: <u>Karl Klokke</u> Telephone: <u>(b) (6), (b) (7)(C)</u> Fax: _____ Removal Contractor Name: <u>Johnny on the Spot Environmental</u> Address: <u>PO Box 46073</u> City: <u>Boise</u> State: <u>Idaho</u> Zip Code: <u>83711</u> Contact: <u>John Hoyne</u> Telephone: <u>(b) (6), (b) (7)(C)</u> Fax: _____ Other Operator (demolition/general): <u>Benchmark Construction</u> Address: <u>3313 West Cherry Lane</u> City: <u>Meridian</u> State: <u>ID</u> Zip Code: <u>83642</u> Contact: <u>Clayn Sonderegger</u> Telephone: <u>(208) 466-9400</u> Fax: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: Twenty-four samples from the facility were collected by local Certified AHERA inspectors for processing at an NIST/NVLAP Laboratory in Colorado. Six of the twenty-four samples contained between 1.5% and 2.5% of regulated asbestos containing material (RACM), determined using EPA Method 600/R-93/116 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VII. Approximate Amount of Asbestos Materials: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">RACM to be Removed</th> <th colspan="2">Non-friable Asbestos Material to be Removed</th> <th colspan="2">Non-friable Asbestos Material NOT to be Removed</th> </tr> <tr> <th>Category I</th> <th>Category II</th> <th>Category I</th> <th>Category II</th> </tr> </thead> <tbody> <tr> <td>Pipes (linear feet)</td> <td style="text-align: center;">0</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Surface Area (square feet)</td> <td style="text-align: center;">~1600 sq feet</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Facility Components (cubic feet)</td> <td style="text-align: center;">0</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | RACM to be Removed | Non-friable Asbestos Material to be Removed | | Non-friable Asbestos Material NOT to be Removed | | Category I | Category II | Category I | Category II | Pipes (linear feet) | 0 | | | | | Surface Area (square feet) | ~1600 sq feet | | | | | Facility Components (cubic feet) | 0 | | | | |
| | RACM to be Removed | Non-friable Asbestos Material to be Removed | | | | Non-friable Asbestos Material NOT to be Removed | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Category I | Category II | Category I | Category II | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pipes (linear feet) | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surface Area (square feet) | ~1600 sq feet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility Components (cubic feet) | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VIII. Scheduled Dates Demolition or Renovation: Start: _____ Complete: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IX. Dates for Asbestos Removal (MM/DD/YY) Start: <u>06/12/23</u> Complete: <u>06/26/23</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Days of the Week: | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | | | | | | | | | | | | | | | | | | | | | | | | |
| Hours of Operation: | 8:00A-3:00P | 8:00A-3:00P | 8:00A-3:00P | 8:00A-3:00P | 8:00A-3:00P | | | | | | | | | | | | | | | | | | | | | | | | | | |

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:
Cleanup of areas previously worked on, Removal of drywall using wet methods

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:
Negative pressure containment, wet methods, engineering controls and reevaluate

XII. Waste Transporter #1
 Name: Johnny on the Spot Environmental
 Address: PO Box 46073
 City: Boise State: Idaho Zip Code: 83711
 Contact: Johny Hoyne Telephone: (b) (6), (b) (7)(C)
Waste Transporter #2
 Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact: _____ Telephone: () _____

XIII. Waste Disposal
 Name: IRWS, LLC
 Address: 16415 NW Waste Site Dr
 City: Boise State: ID Zip Code: 83716
 Contact: _____ Telephone: (208) 796-2727

XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)
 1. Attach a copy of the Order to this notice.
 2. Name of Authority Issuing Order: _____ Title: _____
 3. Authority of Order (Citation of Code): _____
 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)
 1. Date and Hour of the Emergency:
 2. Description of the Sudden, Unexpected Event:
 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.
 In the event of unexpected RACM, work will stop, an evaluation will be performed by the certified asbestos removal contractor, who will comply with 40 CFR 61.145(c) to complete the renovation work.

XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.
 _____ 6/8/23 BRANDON SNOW
 Signature of Owner/Operator Date Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.

 Signature of Owner/Operator Date Type or Print Name and Title